

## Global Associated Codes

The following services are considered associated codes and are included in the global fee:

Procedure Code	Description
99212-HD	Prenatal Visit
59430	Postpartum Care
00842	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00850	To report use 01961
00587	To report use 01968
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium)
00942	Anesthesia for colpotomy, vaginectomy, colporrhaphy, and open urethral procedures)
00948	Anesthesia for cervical cerclage)
00950	Anesthesia for culdoscopy)
00952	Anesthesia for hysteroscopy and/or hysterosalpingography)
00955	To report use 01967
01960	Anesthesia for; vaginal delivery only
01961	Anesthesia for; cesarean delivery only
01967	Neuraxial labor analgesia/anesthesia for planned vaginal delivery
01968	Anesthesia for c-section delivery following neuraxial labor . . .
10140	Incision and drainage of hematoma, seroma, or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
49020	Drainage of peritoneal abscess or localized peritonitis
49060	Drainage of retroperitoneal abscess; open
49320	Laparoscopy
49322	Laparoscopy with aspiration of cavity or cyst (e.g., ovarian cyst) (single or multiple)
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56820	Coloscopy of the vulva
56821	Coloscopy of the vulva with biopsy
57000	Colpotomy; with exploration
57010	Colpotomy
57020	Colpocentesis (separate procedure)
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum
57150	Irrigation of vagina and/or application of medicament
57400	Dilation of vagina under anesthesia
57410	Pelvic examination under anesthesia
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia
57460	Colposcopy of the cervix including upper/adjacent vagina
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

Procedure Code	Description
59000	Amniocentesis, any method
59001	Therapeutic amniotic fluid reduction
59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling any method
59020	Fetal contraction stress test
59025	Fetal non-stress test
59030	Fetal scalp blood sampling
59050	Fetal monitoring during labor by consulting physician (i.e., non-attending physician) with written report; interpretation only
59051	Fetal monitoring during labor by consulting physician (i.e., non-attending physician) with written report; supervision and interpretation
59160	Curettage, postpartum
59200	Insertion of cervical dilator (e.g., laminaria, prostaglandin)
59300	Episiotomy or vaginal repair by other than attending physician
59320	Cerclage of cervix, during pregnancy
59325	Cerclage of cervix, during pregnancy; abdominal
59350	Hysterorrhaphy of ruptured uterus
59400	Routine obstetric care includes antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care
59409	Vaginal delivery only
59410	Vaginal delivery only (with or without episiotomy and/or forceps), including postpartum care
59414	Delivery of placenta following delivery of infant outside of hospital
59425	Antepartum care only (4 to 6 visits)
59426	Antepartum care only (7 or more visits)
59430	Postpartum care only
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
59514	Cesarean delivery only
59515	Cesarean delivery only; including postpartum care
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps) and postpartum care, after previous cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery
59620	Cesarean delivery only , following attempted vaginal delivery after previous cesarean delivery
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, including postpartum care
59871	Removal of cerclage suture under anesthesia
59898	Unlisted laparoscopy procedure, maternity care and delivery
76801	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation
76802	Ultrasound, pregnant uterus, real time image documentation, with fetal and maternal evaluation
76805	Ultrasound, pregnant uterus, B-scan and/or real time with imagine documentation; complete
76810	Ultrasound, complete, multiple gestation, after the first trimester

Procedure Code	Description
76811	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation
76812	Ultrasound, pregnant uterus, real time image with documentation, with fetal and maternal evaluation
76815	Ultrasound, limited (fetal size, heartbeat, placental location, fetal position, or emergency in the delivery room)
76816	Ultrasound, follow-up or repeat
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
76818	Fetal biophysical profile
76819	Fetal biophysical profile; without non-stress testing
76825	Echocardiography, fetal
76826	Echocardiography, fetal, follow-up or repeat study
76827	Doppler echocardiography, fetal
76828	Doppler echocardiography, fetal, follow-up or repeat study
76830	Ultrasound, transvaginal
81000	Urinalysis, by dipstick or tablet reagent
81001	Urinalysis, automated, with microscopy
81002	Urinalysis, non-automated, without microscopy
81003	Urinalysis, automated, without microscopy
81005	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	Urinalysis; bacteriuria screen, except by culture or dip stick
81015	Urinalysis; microscopic only
81020	Urinalysis; two or three glass test
81099	Unlisted urinalysis procedure
83026	Hemoglobin, by copper sulfate method, non-automated
83036	Hemoglobin, glycated
85014	Blood count; other than spun hematocrit
85018	Blood count; hemoglobin
99050	Services requested after office hours in addition to basic
99052	Services requested between 10:00 PM and 8:00 AM
99054	Services requested on Sundays and holidays in addition
99058	Office services provided on an emergency basis
99201	Office or other outpatient visit for E&M
99202	Office or other outpatient visit for E&M
99203	Office or other outpatient visit for E&M
99204	Office or other outpatient visit for E&M
99205	Office or other outpatient visit for E&M
99211	Office or other outpatient visit for E&M
99212	Office or other outpatient visit for E&M
99213	Office or other outpatient visit for E&M
99214	Office or other outpatient visit for E&M
99215	Office or other outpatient visit for E&M
99217	Observation care discharge day management
99218	Initial observation care, per day, for E&M
99219	Initial observation care, per day, for E&M

Procedure Code	Description
99220	Initial observation care, per day, for E&M
99221	Initial hospital care, per day, for E&M
99222	Initial hospital care, per day, for E&M
99223	Initial hospital care, per day, for E&M
99231	Subsequent hospital care, per day, for E&M
99232	Subsequent hospital care, per day, for E&M
99233	Subsequent hospital care, per day, for E&M
99238	Hospital discharge day management; 30 minutes or less
99239	Hospital discharge day management; more than 30 minutes
99241	Office consultation for a new or established patient
99242	Office consultation for a new or established patient
99243	Office consultation for a new or established patient
99244	Office consultation for a new or established patient
99245	Office consultation for a new or established patient
99251	Initial inpatient consultation for a new or established patient
99252	Initial inpatient consultation for a new or established patient
99253	Initial inpatient consultation for a new or established patient
99254	Initial inpatient consultation for a new or established patient
99255	Initial inpatient consultation for a new or established patient
99261	Follow-up inpatient consultation for an established patient
99262	Follow-up inpatient consultation for an established patient
99263	Follow-up inpatient consultation for an established patient
99271	Confirmatory consultation for a new or established patient
99272	Confirmatory consultation for a new or established patient
99273	Confirmatory consultation for a new or established patient
99274	Confirmatory consultation for a patient
99275	Confirmatory consultation for a patient
99354	Prolonged physician service in the office or other outpatient setting; first hour
99355	Prolonged physician service in the office or other outpatient setting; each additional 30 minutes
99356	Prolonged physician service in the inpatient setting; first hour
99357	Prolonged physician service in the inpatient setting; each additional 30 minutes

